

PEDIATRIC VISIT 18 to 23 MONTHS

DATE OF SERVICE _____

NAME _____

DATE OF BIRTH _____

AGE _____

WEIGHT _____ / _____ % HEIGHT _____ / _____ % HC _____ / _____ % TEMP _____

HISTORY REVIEW/UPDATE: *(note changes)*

Medical history updated? _____

Family health history updated? _____

Reactions to immunizations? Yes / No _____

Concerns: _____

PSYCHOSOCIAL ASSESSMENT:**Sleep:****Child care:****Recent changes in family:** *(circle all that apply)*

New members, separation, chronic illness, death, recent move, loss of job, other _____

Environment: Smokers in home? Yes / No**Violence Assessment:**

History of injuries, accidents? Yes / No

Evidence of neglect or abuse? Yes / No

RISK ASSESSMENT:**TB****LEAD**

(Circle)

Pos / Neg

Pos / Neg

PHYSICAL EXAMINATION:Wnl Abn *(describe abnormalities)*☐ ☐ Appearance/Interaction☐ ☐ Growth☐ ☐ Skin☐ ☐ Head/Face☐ ☐ Eyes/Red reflex/Cover test☐ ☐ Ears☐ ☐ Nose☐ ☐ Mouth/Dentition (# of teeth)☐ ☐ Neck/Nodes☐ ☐ Lungs☐ ☐ Heart/Pulses☐ ☐ Chest/Breasts☐ ☐ Abdomen☐ ☐ Genitals☐ ☐ Extremities/Hips/Feet☐ ☐ Neuro/Reflexes/Tone☐ ☐ Vision *(gross assessment)*☐ ☐ Hearing *(gross assessment)***NUTRITIONAL ASSESSMENT:****Typical diet:****Education:** Prolonged mealtime with playing ☐Likes and dislikes change often ☐ Food jags okay ☐Allow self-feeding ☐ Eat with family ☐**DEVELOPMENTAL SCREENING:** *(With Standardized Tool)***REQUIRED****ASQ:** ☐ PEDs ☐ Other: ☐ *(specify)* _____**Results:** Wnl ☐ Areas of Concern: _____**Referred:** Yes / No **Where?** _____**MCHAT Required** ☐**DEVELOPMENTAL SURVEILLANCE:** *(Observed or Reported)***Social:** Removes clothes ☐ Helps with simple tasks ☐Imitates housework ☐**Fine Motor:** Scribbles ☐ Tower of 3-4 cubes ☐ Turns pages ☐**Language:** Combines 2 words ☐ Points to 2-4 named body parts ☐Follows directions ☐ Names picture (cat, bird, horse, dog, person) ☐Uses 10-15 words ☐**Gross Motor:** Kicks ball ☐ Throws ball ☐ Walks up steps ☐Walks backward ☐**ANTICIPATORY GUIDANCE:****Social:** Needs to be independent ☐ Stubbornness is normal ☐Does not share well ☐**Parenting:** Daily routines meet security needs ☐Child constantly tests parent, self, siblings, environment ☐"Time out" for hitting/biting ☐ Avoid spanking, slapping ☐Forgets rules quickly, needs reminding ☐ Give choices ☐**Play and communication:** Uses objects for imaginary play ☐Manipulative toys (play dough, sand, paint) ☐ Read stories ☐Thumb sucking and masturbation common ☐Favorite toy, transitional object ☐**Health:** May be toilet ready ☐ Brush teeth ☐ Fluoride if well water ☐Second hand smoke ☐ Use sunscreen ☐**Injury prevention:** Infant car seat ☐ Rear riding seat ☐Hot liquids ☐ Hot water set at 120° ☐ Water safety (tub, pool) ☐Poison control no. ☐ Choking/suffocation ☐ Baby proof home ☐Firearms (owner risk/safe storage) ☐ Fall prevention (heights) ☐Don't leave unattended ☐ Smoke detector/escape plan ☐**PLANS/ORDERS/REFERRALS:**1. Immunizations ordered ☐ _____2. Review Lead and HCT results ☐ Refer for testing if none ☐ _____3. PPD, if risk assessment positive ☐ _____

4. Fluoride Varnish Applied? Yes / No

5. Dental visit advised ☐ or date of last dental visit _____6. Next preventive appointment at 2 Years ☐ _____

7. Referrals for identified problems: (specify) _____

Signatures: _____